FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		Structions)	Office use only
NAME OF COMMITTEE (in	(Check if na full) is changed)		12FE4M5
OHIO REPUBL	ICAN PARTY STATE CENT	RAL & EXECUTIVE COMMITTE	:E
ADDRESS (number and	street) 211 S. Fifth Str	reet 	
(Check if addr is changed)	Columbus		OH 43215 - 1
	LADDRECC	CITY▲	STATE▲ ZIP CODE ▲
committee's e-mai			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 6142281093	IUMBER		
2. DATE 0.1	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00162339	
4. IS THIS STATEM	ENT NEW (N)	OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of	f my knowledge and belief it is true, correct	t and complete
Type or Print Name of	Treasurer Ms. Sara E	Brown	
Signature of Treasurer	Electronically Filed by Ms.	Sara Brown	Date 02 / DD / YYYYY
NOTE: Submission of fa	•	ation may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission FEC FORIM 1

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cainformation below.)	andidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
	Mailing Address	
		1
		-
	CITY▲ STATE ▲ Z	71D 00DE A
	CITY▲ STATE▲ 2	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name

Δ	DEDITOLI	STATE CENTRAL	0 EVECHTIME	

	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name	Mr Gleni	n W. Matthews					
Mailing Address	S .	Professional Support G	oup Inc.				
		Route 1 Box 661					
	-	Sugar Grove		<u> </u>	43155		
Title or Position	V	CITY A	STA	ГЕ▲	ZIP CO	DE 🛦	
	Chief Finan	cial Off	Telephone number	614	582	8998	
Treasurer: L name and ad	ist the name a dress of any d	nd address (phone number optional esignated agent (e.g., assistant treasu) of the treasurer of thurer).	ne commit	itee; and the		
of Treasurer	Ms. Sara	Brown					
Mailing Address		1200 Fernwood					
		Alliance	OI	<u>H</u> _	44601 _	-	
Title or Position	V	CITY A	STA	ГЕД	ZIP CO	DE A	
	Treasurer		Telephone number	614	582 _	5998	
Full Name of Designated Agent							
Designated	s						
Designated Agent		CITY A	STAT		ZIP CO	DE A	

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9.	Banks or Other Depositories: safety deposit boxes or maintain	•	nts, rents
	Name of Bank, Depository, etc.		
	Fifth Th	nird Bank	
	Mailing Address	21 East State Street	
		Columbus OH 432	215

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

Image# 2795006	5362
Form/Schedule: F1A Transaction ID:	Attached is an updated Statement of Organization. We are submitting a new one as we had to start a new FEC file due to computer complications.